

Testimony by Kirsten Bechtel MD In Support of
Senate Bills 312 and 310: An Act Concerning the Protection of Particularly Vulnerable
Children and An Act Strengthening Child Fatality Review Procedures

Committee on Children
February 5, 2015
Submitted by Kirsten Bechtel MD

Senator Bartolomeo, Representative Urban, Distinguished Members of the Committee on Children:

I am a pediatrician from Yale University School of Medicine, an attending physician in the Children's Emergency Department at Yale-New Haven Children's Hospital and Co-Chairperson of the State's Child Fatality Review Panel.

I support SB 312 and 310 for the following reasons:

1-Understanding how children die, especially from preventable causes such as child maltreatment, is essential to prevention of future preventable deaths.

The Protect Our Kids Act of 2012 has as one of its key provisions of the establishment of the **Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF)**, whose mission is to develop a national strategy and recommendations for reducing fatalities across the country resulting from child abuse and neglect (1). In addition, President Obama signed into law "The Sudden Unexpected Death Data Enhancement and Awareness Act" in December 2014 (2). This act helps to bolster the work of Child Fatality Review Panels in collecting accurate and concise information from the review of cases of sudden unexpected infant death, and sudden unexplained death in childhood; disseminating information to educate the public, health care providers, and other stakeholders on stillbirth, sudden unexpected infant death and sudden unexplained death in childhood; and collaborating with other experts, as appropriate, to provide consistent information for medical examiners and coroners, law enforcement personnel, and health care providers related to death scene investigations and autopsies for sudden unexpected infant death and sudden unexplained death in childhood, in order to improve the quality and consistency of the data collected at such death scenes and to promote consistent reporting on the cause of death.

2-The child death review team process may be the most promising surveillance approach to ascertain the actual number of child maltreatment deaths (3). The Connecticut Child Fatality Review Panel adheres to best national practices, according to the Center for Child Death Review, as to the review and categorization of child deaths and our data may be the most accurate as to the total number of child deaths, expected or unexpected, due to maltreatment or other preventable causes, each year in Connecticut. The economic burden of fatal child maltreatment is substantial; the estimated average lifetime cost per child maltreatment death may be as great as \$1,272,900 (estimated \$14,100 in medical costs and \$1,258,800 in productivity losses). The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States in 2008 was estimated to be approximately \$124 billion (4). Compared with other public health problems, the burden of child maltreatment, especially fatal child maltreatment, is substantial, indicating the importance of prevention efforts. To gauge the effect of efforts to prevent fatal child maltreatment, there has to be accurate yearly accounting of such deaths.

3-The work done by the Child Fatality Review Panel to understand how children die in Connecticut has lead to legislative and public welfare policy changes to prevent future unexpected deaths in the following ways:

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Bullying In 2003, a report by the Child Advocate's Office and the Child Fatality Review panel of a 12- year old boy who died by suicide after extensive bullying in middle school was released (5). In 2006, Public Act 06-115 was passed, An Act Concerning Bullying Policies in Schools and Notices Sent to Parent or Legal Guardians. This act mandated that each local and regional board of education shall develop and implement a safe school climate plan to address the existence of bullying in its schools; require the safe school climate specialist to investigate or supervise the investigation of all reports of bullying and ensure that such investigation is completed promptly after receipt of any written reports. In 2012 this act was bolstered by C.G.S.A.10-222d (b), mandating that for the school year commencing July 1, 2012, and each school year thereafter, the principal of each school, or the principal's designee, shall serve as the safe school climate specialist and shall (1) investigate or supervise the investigation of reported acts of bullying in the school in accordance with the district's safe school climate plan, (2) collect and maintain records of reports and investigations of bullying in the school, and (3) act as the primary school official responsible for preventing, identifying and responding to reports of bullying in the school "(6).

Teen driving based on data that was submitted and testimony to the Governors Task force in 2008. Connecticut revised its Graduated Teen Driving Laws increasing the age and time of supervised driving before independent licensure for teenagers. As a result, the number of teens injured or killed in motor vehicle crashes for Connecticut's 16 and 17-year-old drivers are at historic lows (7,8)

Public health alert on safe infant sleep. In 2014, the Child Fatality Review Panel and the Office of the Child Advocate released a public health alert stating that Unsafe Sleep conditions being responsible for the majority of unexpected infant deaths in Connecticut (9). This report was the result of collaboration amongst members of the CFRP and members of the DCF, leading to enhancement of DCF's Safe Infant Sleep Policies. In addition, I was fortunate to co-facilitate an AAP webinar on Safe Infant Sleep with Dr. Fredericka Wolman, the medical director of DCF, in June 2014.

For the reasons above, I support SB 312 and SB 310.

Respectfully submitted,
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References

1-<https://eliminatechildabusefatalities.sites.usa.gov/about-us/overview/>

2-<https://www.govtrack.us/congress/bills/113/hr669>

3-Schnitzer PG, Covington TM, Wirtz SJ et al. Public Health Surveillance of Fatal Child Maltreatment: Analysis of 3 State Programs. Am J Public Health. 2008; 98:296–303.

4-Fang X, Brown DS, Florence C, et al. The Economic Burden of Child Maltreatment in the United States and Implications for Prevention. Child Abuse Negl 2012; 36(2): 156–165.

5-<http://www.ct.gov/oca/cwp/view.asp?a=1301&q=258022>

6-<http://www.cga.ct.gov/coc/bullying.htm>

7-<http://www.ct.gov/teendriving/cwp/view.asp?q=413528>

8-http://www.ct.gov/dmv/lib/dmv/teen_driving_report_2013_final.pdf

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http://www.ct.gov/oca/lib/oca/PublicHealthAlert_Safe_SleepApr_7_FINAL__docx_%282%29.pdf